

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MORNINGSIDE ASSISTED LIVING (0009040)

Address: 850 CITY LIMITS ST, LANCASTER, WI 53813

License Status: REGULAR

Licensed/Certified/Registered 01/01/2001

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0095223 **End Date:** 07/12/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008249 Served 07/18/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

Survey ID: 0090525 **End Date:** 06/17/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007802 Served 06/30/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(2)(c)	EVACUATION TIME 4 MINUTES OR MORE	07/12/2005	Yes
83.42(3)(a)5	EMERGENCY SHELTER	07/12/2005	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	07/12/2005	Yes
83.51(1)(d)	WALKWAYS AND DRIVEWAYS SAFE CONDITION	07/12/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
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Enforcement History

Date: 07/15/2005 **SOD #**10008249 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 06/26/2003 **SOD #**10007802 **Appealed:** No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---83.42(3)(a)5

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